

RECEIVED
SDNY PRO SE OFFICE

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

2020 OCT 27 AM 10: 25

Isabel Ochoa

Write the full name of each plaintiff.

____ CV ____
(Include case number if one has been assigned)

-against-

New York City Department of Education;

Do you want a jury trial?

☒ Yes ☐ No

Angel Ortega, Principal MS 391

Write the full name of each defendant. The names listed above must be identical to those contained in Section I.

EMPLOYMENT DISCRIMINATION COMPLAINT

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

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2020 OCT 21 PM 5:02

U.S. COURT OF APPEALS
SECOND CIRCUIT
NIGHT DEPOSITORY

I. PARTIES**A. Plaintiff Information**

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Isabel	M.	Ochoa
First Name	Middle Initial	Last Name
2857 Sampson Avenue		
Street Address		
Bronx, Bronx	NY	10465
County, City	State	Zip Code
9173747144	juneochoa@yahoo.com	
Telephone Number	Email Address (if available)	

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. (Proper defendants under employment discrimination statutes are usually employers, labor organizations, or employment agencies.) Attach additional pages if needed.

Defendant 1:	New York City Department of Education		
	Name		
	Tweed Courthouse, 52 Chambers Street		
	Address where defendant may be served		
	New York, New York	NY	10007
	County, City	State	Zip Code
Defendant 2:	Angel Ortega, Principal MS 391X		
	Name		
	2190 Folin Street		
	Address where defendant may be served		
	Bronx, Bronx	NY	10457
	County, City	State	Zip Code

Defendant 3:

 Name

 Address where defendant may be served

 County, City

State

Zip Code

II. PLACE OF EMPLOYMENT

The address at which I was employed or sought employment by the defendant(s) is:

MS 391

 Name

2190 Folin Street

 Address

Bronx, Bronx

NY

10457

County, City

State

Zip Code

III. CAUSE OF ACTION**A. Federal Claims**

This employment discrimination lawsuit is brought under (check only the options below that apply in your case):

- ☒ **Title VII of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000e to 2000e-17, for employment discrimination on the basis of race, color, religion, sex, or national origin**

The defendant discriminated against me because of my (check only those that apply and explain):

- ☒ race: Hispanic
- ☐ color: _____
- ☐ religion: _____
- ☐ sex: _____
- ☒ national origin: Peruvian

- ☒ **42 U.S.C. § 1981**, for intentional employment discrimination on the basis of race

My race is: Hispanic

- ☒ **Age Discrimination in Employment Act of 1967**, 29 U.S.C. §§ 621 to 634, for employment discrimination on the basis of age (40 or older)

I was born in the year: 1962

- ☐ **Rehabilitation Act of 1973**, 29 U.S.C. §§ 701 to 796, for employment discrimination on the basis of a disability by an employer that constitutes a program or activity receiving federal financial assistance

My disability or perceived disability is: _____

- ☐ **Americans with Disabilities Act of 1990**, 42 U.S.C. §§ 12101 to 12213, for employment discrimination on the basis of a disability

My disability or perceived disability is: _____

- ☐ **Family and Medical Leave Act of 1993**, 29 U.S.C. §§ 2601 to 2654, for employment discrimination on the basis of leave for qualified medical or family reasons

B. Other Claims

In addition to my federal claims listed above, I assert claims under:

- ☒ **New York State Human Rights Law**, N.Y. Exec. Law §§ 290 to 297, for employment discrimination on the basis of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status
- ☒ **New York City Human Rights Law**, N.Y. City Admin. Code §§ 8-101 to 131, for employment discrimination on the basis of actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status
- ☐ Other (may include other relevant federal, state, city, or county law): _____

IV. STATEMENT OF CLAIM

A. Adverse Employment Action

The defendant or defendants in this case took the following adverse employment actions against me (check only those that apply):

- ☐ did not hire me
- ☒ terminated my employment
- ☐ did not promote me
- ☐ did not accommodate my disability
- ☐ provided me with terms and conditions of employment different from those of similar employees
- ☒ retaliated against me
- ☒ harassed me or created a hostile work environment
- ☐ other (specify): _____

B. Facts

State here the facts that support your claim. Attach additional pages if needed. You should explain what actions defendants took (or failed to take) *because of* your protected characteristic, such as your race, disability, age, or religion. Include times and locations, if possible. State whether defendants are continuing to commit these acts against you.

Please see attached

As additional support for your claim, you may attach any charge of discrimination that you filed with the U.S. Equal Employment Opportunity Commission, the New York State Division of Human Rights, the New York City Commission on Human Rights, or any other government agency.

V. ADMINISTRATIVE PROCEDURES

For most claims under the federal employment discrimination statutes, before filing a lawsuit, you must first file a charge with the U.S. Equal Employment Opportunity Commission (EEOC) and receive a Notice of Right to Sue.

Did you file a charge of discrimination against the defendant(s) with the EEOC or any other government agency?

- ☒ Yes (Please attach a copy of the charge to this complaint.)

When did you file your charge? 9/25/19

- ☐ No

Have you received a Notice of Right to Sue from the EEOC?

- ☒ Yes (Please attach a copy of the Notice of Right to Sue.)

What is the date on the Notice? 9/24/20

When did you receive the Notice? 10/1/20

- ☐ No

VI. RELIEF

The relief I want the court to order is (check only those that apply):

- ☒ direct the defendant to hire me
- ☒ direct the defendant to re-employ me
- ☐ direct the defendant to promote me
- ☐ direct the defendant to reasonably accommodate my religion
- ☐ direct the defendant to reasonably accommodate my disability
- ☒ direct the defendant to (specify) (if you believe you are entitled to money damages, explain that here)

monetary damages, emotional distress damages, tenure, backpay

VII. PLAINTIFF'S CERTIFICATION

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

10/13/2020

Dated

Isabel

M.

Plaintiff's Signature

Ochoa

First Name

Middle Initial

Last Name

2857 Sampson Avenue, 1st Floor

Street Address

Bronx

NY

10465

County, City

State

Zip Code

917 374 7144

juneochoa@yahoo.com

Telephone Number

Email Address (if available)

I have read the attached Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

ADDENDUM TO FEDERAL COMPLAINT FOR ISABEL OCHOA @ 10/13/20

- 1) I worked with the NYCDOE since 1996, first as a paraprofessional, and then was employed as a special education teacher with the NYCDOE from 2010 until 2015 and then again from 2016 until my probationary discontinuance as a teacher in the NYCDOE in June 2019.
- 2) I am presently 58 years old, of Hispanic race, and Peruvian national origin.
- 3) My principal Angel Ortega is in his 40s and of Dominican national origin.
- 4) I believe I was discriminated against based on my age and national origin.
- 5) I have a heavy Spanish accent, and an Assistant Principal Beth Shimkin criticized me for my accent.
- 6) I was one of the oldest teachers at the school. Younger teachers were not discontinued like I was in June 2019.
- 7) I previously filed a complaint of discrimination with the SDHR in 2016.
- 8) I believe I have been retaliated against with another discontinuance of employment after I filed a protected complaint of discrimination in 2016.
- 9) I was nominated for another teaching position at Esperanza Preparatory Academy in Manhattan in September 2020 with the NYCDOE, but the offer was withdrawn after the new principal speaking to my previous principal.
- 10) I believe I am being discriminated against based on my age, race, and national origin, and retaliated against by filing previous SDHR complaints against the NYCDOE.

NEW YORK STATE
DIVISION OF HUMAN RIGHTS

NEW YORK STATE DIVISION OF
HUMAN RIGHTS on the Complaint of

ISABEL OCHOA,

Complainant,

v.

CITY OF NEW YORK, DEPARTMENT OF
EDUCATION,

Respondent.

VERIFIED COMPLAINT
Pursuant to Executive Law,
Article 15

Case No.
10204074

Federal Charge No. 16GC000020

I, Isabel Ochoa, residing at 92 Van-Cortlandt Park South, Apt.# 2F, Bronx, NY, 10463, charge the above named respondent, whose address is Office of the General Counsel 52 Chambers Street, Room 308, New York, NY, 10007 with an unlawful discriminatory practice relating to employment in violation of Article 15 of the Executive Law of the State of New York (Human Rights Law) because of age, national origin, race/color, opposed discrimination/retaliation.

Date most recent or continuing discrimination took place is 9/24/2019.

The allegations are: See attached.

Based on the foregoing, I charge respondent with an unlawful discriminatory practice relating to employment because of age, national origin, race/color, opposed discrimination/retaliation, in violation of the New York State Human Rights Law (Executive Law, Article 15), Section 296.

I also charge the above-named respondent with violating Title VII of the Civil Rights Act of 1964, as amended (covers race, color, creed, national origin, sex relating to employment). I hereby authorize SDHR to accept this verified complaint on behalf of the U.S. Equal Employment Opportunity Commission (EEOC) subject to the statutory limitations contained in the aforementioned law(s).

RECORDED
2020 OCT 21 PM 5:04
U.S. COURT OF APPEALS
SECOND CIRCUIT
NIGHT DEPOSITORY

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New York State Division of Human Rights
Complaint Form

SEP 25 2019
 BROOKLYN REGIONAL OFFICE

CONTACT INFORMATION

My contact information:

Name: Isabel Ochoa
 Address: 92 Van-Cortlandt Park So Apt or Floor #: 2F
 City: Brnk State: NY Zip: 10463

REGULATED AREAS

I believe I was discriminated against in the area of:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Employment | <input type="checkbox"/> Education | <input type="checkbox"/> Volunteer firefighting |
| <input type="checkbox"/> Apprentice Training | <input type="checkbox"/> Boycotting/Blacklisting | <input type="checkbox"/> Credit |
| <input type="checkbox"/> Public Accommodations
(Restaurants, stores, hotels, movie
theaters amusement parks, etc.) | <input type="checkbox"/> Housing | <input type="checkbox"/> Labor Union, Employment
Agencies |
| <input type="checkbox"/> Commercial Space | <input type="checkbox"/> Internship | |

I am filing a complaint against:

Company or Other Name: Department of Education
 Address: 2225 Webster Ave.
 City: Bronx, NY State: NY Zip: 10457
 Telephone Number: 718 925-6678
 (area code)

Individual people who discriminated against me:

Name: ~~Shantina Bell~~ Name: _____
 Title: ~~Assistant Principal~~ Title: _____

DATE OF DISCRIMINATION

The most recent act of discrimination happened on:

9 24 19
 month day year

BASIS OF DISCRIMINATION

Please tell us why you were discriminated against by checking one or more of the boxes below.



You do not need to provide information for every type of discrimination on this list. Before you check a box, make sure you are checking it only if you believe it was a reason for the discrimination. Please look at the list on Page 1 for an explanation of each type of discrimination.

Please note: Some types of discrimination on this list do not apply to all of the regulated areas listed on Page 3. (For example, Conviction Record applies only to Employment and Credit complaints, and Domestic Violence Victim Status is a basis only in Employment complaints). These exceptions are listed next to the types of discrimination below.

I believe I was discriminated against because of my:

<input checked="" type="checkbox"/> Age (Does not apply to Public Accommodations) Date of Birth: <u>51</u>	<input type="checkbox"/> Genetic Predisposition (Employment only) Please specify:
<input type="checkbox"/> Arrest Record (Only for Employment, Licensing, and Credit) Please specify:	<input type="checkbox"/> Marital Status Please specify:
<input type="checkbox"/> Conviction Record (Employment and Credit only) Please specify:	<input type="checkbox"/> Military Status: Please specify:
<input type="checkbox"/> Creed / Religion Please specify:	<input checked="" type="checkbox"/> National Origin <u>Peru</u> Please specify: <u>Hispanic</u>
<input type="checkbox"/> Disability Please specify:	<input checked="" type="checkbox"/> Race/Color or Ethnicity Please specify: <u>Latina</u> <u>Lima - Peru</u>
<input type="checkbox"/> Pregnancy-Related Condition: Please specify:	<input type="checkbox"/> Sex Please specify: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Pregnancy <input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Domestic Violence Victim Status: (Employment only) Please specify:	<input type="checkbox"/> Sexual Orientation Please specify:
<input type="checkbox"/> Familial Status (Does not apply to Public Accommodations or Education) Please specify:	<input checked="" type="checkbox"/> Retaliation (if you filed a discrimination case before, or helped someone else with a discrimination case, or reported discrimination due to race, sex, or any other category listed above) Please specify: <u>IN 2015 I filed a DISCRIMINATION FORM</u>



Before you turn to the next page, please check this list to make sure that you provided information **only** for the type of discrimination that relates to your complaint.

EMPLOYMENT OR INTERNSHIP DISCRIMINATION

Please answer the questions on this page only if you were discriminated against in the area of employment or internship. If not, turn to the next page.

How many employees does this company have?

- a) 1-3 b) 4-14 c) 15 or more d) 20 or more e) Don't know

Are you currently working for the company?

☐ Yes

Date of hire: () What is your job title? _____
 Month day year

☒ No

Last day of work: (6 26 19) What was your job title? Teacher
 Month day year

☒ I was not hired by the company

Date of application: (9 16 16)
 Month day year

ACTS OF DISCRIMINATION

What did the person/company you are complaining against do? Please check all that apply.

☒ Refused to hire me

☒ Fired me / laid me off

☐ Did not call me back after a lay-off

☐ Demoted me

☐ Suspended me

☐ Sexually harassed me

☒ Harassed or intimidated me (other than sexual harassment)

☐ Denied me training

☒ Denied me a promotion or pay raise

☐ Denied me leave time or other benefits

☐ Paid me a lower salary than other workers in my same title

☐ Gave me different or worse job duties than other workers in my same title

☐ Denied me an accommodation for my disability

☐ Denied me an accommodation for my religious practices

☒ Gave me a disciplinary notice or negative performance evaluation

☒ Other: Retaliation because I complained
to the LFT of an observation not
done appropriately.

DESCRIPTION OF DISCRIMINATION - for all complaints (Public Accommodation, Employment, Education, Housing, and all other regulated areas listed on Page 3)

Please tell us more about each act of discrimination that you experienced. Please include dates, names of people involved, and explain why you think it was discriminatory. PLEASE TYPE OR PRINT CLEARLY.

I am Hispanic of Peruvian national origin who has opposed discrimination. The respondent's principal has discriminated me against because of my race / color, national origin and for opposing to unlawful discriminatory act (Retaliation).

During my entire tenure, my work performance as well as my time attendance has been satisfactory until respondent did not provided the extension form to be revised by UFT Lawyers terminating my probationary appointment on 6/28/18.

I was originally hired by ~~the respondent~~ Ms. Abadia ~~then~~, Ms. Forche and the last principal Mr. Angel Ortega.

During the three years I did not have support or Teacher improvement plan. Since the year that I was hired 2016. I Got Effective 1st year 2016-2017 but the second year I was attached to a class that I never taught and Got in-effective otherwise I would get effective. Year 2017-2018. On year 2018-2019 overall score I got effective. ~~without~~

On 6/28/2019, without any progressive disciplinary action, respondent's principal →

If you need more space to write, please continue writing on a separate sheet of paper and attach it to the complaint form. PLEASE DO NOT WRITE ON THE BACK OF THIS FORM.

→ terminated my employment. It is noted that the principal never presented the extension form to discuss and to be revised by the UFT Lawyer. The principal's actions deviated and departure from the provisions of the collective agreement United Federation Teachers agreement act that before terminating a teacher must have a formal meeting to discuss termination or probationary extension.

~~It~~ is also noted that Ms. Shinkim Assistant Principal harassed me because of my origin. Hispanic of Peruvian nationality (specifically Ms. Shinkim made it noticeable my Foreign accent).

It is also noted that Ms. Shinkim also targeted other Hispanic teachers because of, Hispanic origin.

I charge the respondent with an unlawful discriminatory act in violation of the title VII of the Civil Rights Act of 1964 as amended as well as a violation of the New York State Human Rights Law (Executive Law, Article 15 section 298).

NOTARIZATION OF THE COMPLAINT

Based on the information contained in this form, I charge the above-named Respondent with an unlawful discriminatory practice, in violation of the New York State Human Rights Law.

By filing this complaint, I understand that I am also filing my employment complaint with the United States Equal Employment Opportunity Commission under the Americans With Disabilities Act (covers disability related to employment), Title VII of the Civil Rights Act of 1964, as amended (covers race, color, religion, national origin, sex relating to employment), and/or the Age Discrimination in Employment Act, as amended (covers ages 40 years of age or older in employment), or filing my housing/credit complaint with HUD under Title VIII of the Federal Fair Housing Act, as amended (covers acts of discrimination in housing), as applicable. This complaint will protect your rights under Federal Law.

I hereby authorize the New York State Division of Human Rights to accept this complaint on behalf of the U.S. Equal Employment Opportunity Commission, subject to the statutory limitations contained in the aforementioned law and/or to accept this complaint on behalf of the U.S. Department of Housing and Urban Development for review and additional filing by them, subject to the statutory limitations contained in the aforementioned law.

I have not filed any other civil action, nor do I have an action pending before any administrative agency, under any state or local law, based upon this same unlawful discriminatory practice.

I swear under penalty of perjury that I am the complainant herein; that I have read (or have had read to me) the foregoing complaint and know the contents of this complaint; and that the foregoing is true and correct, based on my current knowledge, information, and belief.


Sign your full legal name

Subscribed and sworn before me
This 25 day of Sept. 2019


Signature of Notary Public

County: Kings Commission expires: Nov 21, 2020

ROBERT TONG
Notary Public, State of New York
Reg. No. 01TO6351029
Qualified in Kings County
My Commission Expires 11-21-2020

Please note: Once this form is notarized and returned to the Division, it becomes a legal document and an official complaint with the Division of Human rights. After the Division accepts your complaint, this form will be sent to the company or person(s) whom you are accusing of discrimination.



**Division of
Human Rights**

NEW YORK STATE
DIVISION OF HUMAN RIGHTS

NEW YORK STATE DIVISION OF
HUMAN RIGHTS on the Complaint of

ISABEL OCHOA,

Complainant,

v.

CITY OF NEW YORK, DEPARTMENT OF
EDUCATION,

Respondent.

DETERMINATION AND
ORDER OF DISMISSAL FOR
ADMINISTRATIVE
CONVENIENCE

Case No.
10204074

Federal Charge No. 16GC000020

On 9/25/2019, Isabel Ochoa filed a verified complaint with the New York State Division of Human Rights ("Division") charging the above-named Respondent with an unlawful discriminatory practice relating to employment because of age, national origin, race/color, and opposed discrimination/retaliation in violation of N.Y. Exec Law, art. 15 ("Human Rights Law").

Pursuant to Section 297.3 of the Human Rights Law, the Division finds that noticing the complaint for hearing would be undesirable and the complaint, therefore, is ordered dismissed on the grounds of administrative convenience for the following reason(s): The Complainant intends to pursue federal remedies in court, in which forum all the issues concerning the question of discrimination charged can be resolved.

Section 297.9 of the Human Rights Law provides that:

... where the Division has dismissed such complaint on the grounds of the administrative convenience, ... such person shall maintain all rights to bring suit as if no complaint had been filed.

PLEASE TAKE NOTICE that any party to this proceeding may appeal this Determination to the New York State Supreme Court in the County wherein the alleged unlawful discriminatory practice took place by filing directly with such court a Notice of Petition and Petition within sixty (60) days after service of this Determination. A copy of this Notice and Petition must also be served on all parties including General Counsel, State Division of Human

EEOC Form 161 (11/16)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DISMISSAL AND NOTICE OF RIGHTS

To: **Isabel Ochoa**
92 Van-Cortlandt Park South, Apt.# 2F
Bronx, NY 10463

From: **New York District Office**
33 Whitehall Street
5th Floor
New York, NY 10004



On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

16G-2020-00020

Holly M. Shabazz,
State & Local Program Manager

(929) 506-5316**THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:**

The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.



Your allegations did not involve a disability as defined by the Americans With Disabilities Act.



The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.



Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge



The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.



The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.



Other (briefly state)

Charging Party wishes to pursue matter in Federal District Court.

- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission



September 24, 2020

Enclosures(s)

Judy A. Keenan,
District Director

(Date Mailed)

cc: **CITY OF NEW YORK, DEPARTMENT OF EDU**
Office of the General Counsel
52 Chambers Street, Room 308
New York, NY 10007

Rights, One Fordham Plaza, 4th Floor, Bronx, New York 10458. DO NOT FILE THE ORIGINAL NOTICE AND PETITION WITH THE STATE DIVISION OF HUMAN RIGHTS.

Your charge was also filed under Title VII of the Civil Rights Act of 1964. Enforcement of the aforementioned law(s) is the responsibility of the U.S. Equal Employment Opportunity Commission (EEOC). You have the right to request a review by EEOC of this action. To secure review, you must request it in writing, within 15 days of your receipt of this letter, by writing to EEOC, New York District Office, 33 Whitehall Street, 5th Floor, New York, New York 10004-2112. Otherwise, EEOC will generally adopt our action in your case.

Dated:

01/29/20
Brooklyn, New York

STATE DIVISION OF HUMAN RIGHTS

By:



William LaMot
Regional Director